

## DENTISTRY ENDORSEMENT CERTIFICATION

Authority: 1978 PA 368

This certification form must be submitted directly to this office by any state licensing agency where you currently hold or have ever held a license.

### Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Name of School	Date of Completion
Applicant's Signature	Date

### Remainder of Form to be Completed by State Licensing Agency:

Applicant's Name as Licensed		License/Registration Number
Date Issued	Expiration Date	License/Registration Status

### Examination Information

Licensure requirements in effect at the time applicant was licensed in your state:

Degree      Accredited School      National Board      Regional      State Constructed

Other: Please Specify \_\_\_\_\_ Did the applicant pass required exam?      Yes

WRITTEN/COMPREHENSIVE EXAMINATION			CLINICAL EXERCISES EXAMINATION		
EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICAN'TS SCORE	EXAMINATION SUBJECT	TOTAL POSSIBLE POINTS	APPLICAN'TS SCORE

**Provide certified copies of any actions if the applicant named above has ever incurred any disciplinary proceedings or has pending disciplinary proceedings in your state or their license/registration has ever been limited, denied, surrendered, suspended, or revoked.**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print/Type Name, Title and State Board

(Seal)